

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044470

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

157 3028 228
FILED DEC 2 1963

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Carthage

Length of stay in 1b
25 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 621 E Vine, Carthage

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY Jasper

c. CITY OR TOWN Carthage

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
621 Vine

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First JAMES

Middle ANDERSON

Last PERSINGER

DATE OF DEATH

Month November Day 22

Year 1963

5. SEX

Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6-9-1898

9. AGE (last birthday)
65

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired laborer

10b. KIND OF BUSINESS OR INDUSTRY
Laborer

11. BIRTHPLACE (City and state or country)
Plymouth, W Va

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William A Persinger

13b. MOTHER'S MAIDEN NAME

Harriet Snyder

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
WW II WW II

17. INFORMANT

R. H. Knell, Carthage, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Found dead due to natural causes
history of chest pains

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) last seen two days ago

DUE TO (c) Exposed to cold weather

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute Alcoholism

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐
No

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from did not attend to and last saw her alive on AM
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Local Registrar

(Degree or title)

22b. ADDRESS

1238 Grand, Carthage, Mo

22c. DATE SIGNED

11-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-26-63

23c. NAME OF CEMETERY OR CREMATORY

Goss Cemetery

23d. LOCATION (City, town, or county)

Lawrence Co., Mo.

24. FUNERAL DIRECTOR

Knell Mortuary

ADDRESS

Carthage, Mo

25. DATE RECD. BY LOCAL REG.

11-23-63

26. REGISTRAR'S SIGNATURE

Local Registrar

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DEC 3 1963

MAR 3 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.